

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		ADV'D INDIV AD'D HOD'NT		ADV'D DEP AD'D HOD'NT	
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TOTAL IND.	1					
TOTAL DEP.	1	2				
TOTAL CLAMS	1	2				

	CLAIMS		CLAIMS		CLAIMS	
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